



**City of Raleigh
Utility Billing Services
Bank Draft Application**

By completing the authorization form below you agree to have your bank account automatically drafted for the full amount of your utility bill. For additional information on this program, contact our office.

Forward your completed Bank Draft Authorization form to our office address:

City of Raleigh
Utility Billing Services
PO Box 590
Raleigh, NC 27602-0590
919.890.3245
UtilityBilling@raleighnc.gov

Please choose one:

- ☐ **Checking Account (voided check must be included)**
☐ **Savings account (voided deposit slip must be included)**

BANK DRAFT AUTHORIZATION

I authorize the City of Raleigh to draft the full amount of my City of Raleigh Utility bill from the financial institution listed below. I have the right to stop automatic payment at any time upon 30 days written notice to the City of Raleigh and my designated financial institution.

(PLEASE PRINT)

Name (as it appears on your Utility Account): _____

Service Address: _____

Utility Account Number: _____

Phone Number: () _____

Email Address: _____

Social Security Number: _____

(In order to comply with the FACT Act of 2003 and the Privacy Act of 2005, we request that you provide us with your social security number which will be used for validating your identity and to prevent and mitigate ID theft/fraud. Water/sewer information is not public record.)

Bank Name: _____

Bank Transit Number: _____

Bank Account Number: _____

Account Holder's Signature _____

Date _____